

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize **Munchkin Academy Inc.**, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **preschool/JK program** agreement. Regular monthly payments for the full amount of \$\_\_\_\_\_ will be debited to my/our specified account on **the 1st day of each month**. **Munchkin Academy Inc.** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until \_\_\_\_\_ has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

**Munchkin Academy Inc.** may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name(s): \_\_\_\_\_

Type of Service: Personal \_\_\_\_ Business \_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_  
*(Branch -5 digits; FI - 3 digits)*

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

**Munchkin Academy Inc**

Attention: Carrie Olsen and/or Ashley Rosser

Address 803-110 Coopers Common Southwest, Airdrie, AB T4B3Y3

Address

Tel: 403-305-3929

E-mail: [munchkinacademypreschool@hotmail.com](mailto:munchkinacademypreschool@hotmail.com)